## Print Form

## NY STATE CLIENT SEMI-ANNUAL REPORT

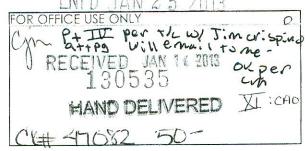
Print legible numbers and block letters, no script.

Marking Instructions: Please type or use blue or black ink pen. Completely fill in one circle.

|| Client Information

COMPLETE ALL SECTIONS before submitting or form will be returned.

I Reporting	Information		
Year: 2012		Same S	= 1 12
Fill in circle if ame	endment O		490
Report Period:	O January/June	✓ July/December	51 (C 20 ) SE
Type of Lobbying:	⊗ Nonprocurement	O Procurement	OBoth
Client Filing Fee Ch	neck Number:	17087	



Name: Bottlers Association (NYS)	The state of the s
Permanent Business Address: 99 Pine Street	
City: Albany	State: NY ZIP code:12207
Business Phone: (518) 436-0786	Fax Number: (518) 427-0452
Third Party Beneficiary (see instructions): n/a	
III Lobbyist(s) Information & Compensatio Any individual or organization that has lobbied on behalf of the threshold was exceeded by that individual or organization.	n (Current Period Only) ne client must be reported below, regardless of whether the
A Type of Lobbyist:   Retained   Employ	e <mark>d O Designated</mark>
Level of Gov't: O State Lobbying O Local Lo	bbying & Both
Name: Featherstonhaugh, Wiley & Clyne, LLP	Phone Number: (518) 436-0786
Address: 99 Pine Street, Suite 207	at 1 kg/s weeks at 500 to
City: Albany	State: NY ZIP code:12207
Compensation for current period: \$28,400	00
B Type of Lobbyist: O Retained O Employe	ed 😮 Designated
Level of Gov't: 🛞 State Lobbying 🔘 Local Lo	bbying O Both
Name: Bottlers Association (NYS)	Phone Number: (518) 436-0786
Address: 99 Pine Street	40 460 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City: Albany	State: NY ZIP code:12207
Compensation for current period: \$0	.00
C Type of Lobbyist: O Retained O Employ	e <mark>d O Designated</mark>
Level of Gov't: O State Lobbying O Local Lo	bbying O Both
Name:	Phone Number:
Address:	n mana sa
City:	State: ZIP code:
Compensation for current period: \$	00
O Continued on attached pages	ng gama min desmin se <sup>e</sup> see - s - y paragraphic
D TOTAL COMPENSATION of ALL lobbyists for current	period(A+B+C+addendum sheets): \$28,400 .00

IV Other Expenses (Current Semi-Annu	SCI-SCHOOL STATE OF THE STATE O		
A Report in the aggregate all expenses less than or equ	*	\$ 66	.00
B Report in the aggregate all expenses for salaries of no	n-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:	manager		
PAID TO: Featherstonhaugh, Wiley & Clyne, LLP	DATE: 07 /03	/2012 O Ad	O Social Event
PURPOSE: Reimbursed Expenses	AMOUNT: \$78	.00 O *Add	dendum attached
O PROCUREMENT    NONPROCUREMENT	D. 175. /00		
PAID TO: Featherstonhaugh, Wiley & Clyne, LLP	DATE: 08 /30	/2012 O Ad	O Social Event
PURPOSE: Reimbursed Expenses	AMOUNT: \$118	.00 O *Add	dendum attached
O PROCUREMENT   NONPROCUREMENT			
Continued on attached pages		ttanh the addendum	nage listing the
If any expense listed above exceeds \$75 for an expense, dollar amount attributable to the ind	ividual and the name,	title and employer of	the individual.
D Total expenses for current period: \$579	.00 (if applicable, ind	clude all expenses from	attached pages in total)
		The second secon	AND THE PROPERTY AND ASSESSMENT OF THE PARTY
V Source of Funding Disclosure Instructions: In the event only one person or entity is		e for a Contribution(s)	use Section A. In the
event multiple persons or entitles have b	een aggregated as a Sii	ngle source for a Confr	ibunon(s), use section b.
A Below, list all Contributions received from received. It more than five Contributions Addendum for the additional Contribution	ithe Single Source. Incl from the Single Source	ode the date and the c have been received, u	se section V(C) of the
	ns.	LVII.	The mark the second and the
Contribution(s) from Single Source #1	P <sup>2</sup> - 2 commensus	Appen y greeness and a members	
Single Source Entity's Name: Pepsi Bottling Group, Incor		K = 1	
Single Source Person's Last Name:	First N	ame:	×
Address: Pepsi Square, 425 Ormond Street	E SOURSWARD OF SEC.	NO. 2	7ID 00 do: 14605
City: Rochester	States	NY	ZIP code:14605
Phone: 585-454-5220	a service contraction contraction	Control Memory of the Company	
Date Contribution Received: 04 /16 /2012		ontribution: \$9172	.00
Date Contribution Received: 05 / 09 / 2012	SEEK BAY IN THE STATE OF THE SEEK	ontribution: \$22803	.00
Date Contribution Received: 07 / 16 / 2012	The same of the sa	ontribution: \$9172	.00
Date Contribution Received: / /	**************************************	ontribution: \$	.00
Date Contribution Received: / /	and the second s	ontribution: \$	.00
Check here if using section V(C) of the Addendum for a	dditional Contributions:		
Contribution(s) Single Source #2	A Partie Francisco W Ex	p 111 345 = 131	make the second of
Single Source Entity's Name: Bottling Group, LLC	V 60		
or Single Source Person's Last Name:	First N	lame:	
Address: 1 Pepsi Way	O 107001 6 97- F 158 130 5	# NOTE	Your represents to the second
City: Somers	State	NY	ZIP code: 10589
Phone:	Na .		
Date Contribution Received: 08 / 10 / 2012	Amount of C	ontribution: \$7338	.00
Date Contribution Received: / /	Amount of C	ontribution: \$	.00
Date Contribution Received: / /	Amount of C	ontribution: \$	.00
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B Single Source Information for a Contri	bution(s)	from mul	tiple, Related, or Affiliated Entities.	
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elated or Affiliated Entity or Person:			and the same of th	
Entity's or Person's Full Name:			52, 07 0 50 200 5 300 Feb.	
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Entity's or Person's Phone:			NA	
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heck here it using section V(B) of the Addendum to	r addition	al Relate	d) or Affiliated Entitles or Persons:	
Contributions from Single Source #2		A SECTION	again againmaan an isan Sooma Annesee we	
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Entity's or Person's Address:				
Entity's or Person's Phone:			\$11 EXE \$25 EXE \$2 \$2 \$25 \$25 \$11	
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Please use the following addendum pages	as continuation for th	e specified sections. If addition	nal space is needed, please
make a copy of this sheet.			
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Any individual or organization that has lobb	ied on behalf of the c	lient must be reported below,	regardless of whether the threshold
was exceeded by that individual of organiz	dilori.		
Type of Lobbyist: O Retained	O Employed	O Designated	
Level of Gov't: O State Lobbying	O Local Labbying		
Name:	8	Phone Number:	-
Address:			710
City:		State:	ZIP code:
Compensation for current period: \$	.00		,
Type of Lobbyist: O Retained	O Employed	O Designated	- "
Level of Gov't: State Lobbying	O Local Lopbying		4
Name:	2.55500	Phone Number:	
Address:		9	
City:		State:	ZIP code:
Compensation for current period: \$	.00		
Type of Lobbyist: O Retained	O Employed	O Designated	E 25
Level of Gov't: O State Lobbying	O Local Lobbying	O Both	160 E
Name:		Phone Number:	THE PROPERTY OF THE PROPERTY O
Address:	5 67		The second secon
City:	3 -	State:	ZIP code:
Compensation for current period: \$	.00	I.	
IV other secons as (Current S		ing Only)	
And the second s		E: 09 /28 /2012	O Ad O Social Event
PAID TO: Featherstonhaugh. Wiley & Clyr		OUNT: \$317 .00	O *Addendum attached
PURPOSE: Reinbursed Expenses		JUNI. 3317 .00	Approximation devices
O PROCUREMENT ® NONPROCUR	EMENI		

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Marine Propins	er (Compan) Sami-Am				O Ad	O Social Event
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O PROCUREMENT						
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative
Nutritional Standards, Bottle Bill, Recycling, Packaging, Vending Machines	Senate, Assembly, Executive Branch
Continued on attached pages	O Continued on attached pages
,	C Commissed on amounted pages
VII Bill. Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied: S3927A, A6229A, S3930, A6256	VIIITitle and Identifying Numbers of procurement contracts/documents lobbled:  N/A
O Continued on attached pages	O Continued on attached pages
Number or Subject Matter of Executive Order of Governor/Municipality lobbled:  N/A	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	Continued on attached pages
XI Declaration  This Declaration must be signed by the Chief Administrate reason, does not sign, he/she must duly designate anoth the lactories of the declare under penalty of perjury that the infectorect, and complete to the best of my know SIGNATURE:  PRINT NAME: LAST Wilcox  TITLE: Designee	tive Officer. (If the Chief Administrative Officer, for any her person to sign this Declaration.) (See instructions.) ormation contained in this report is true,
The following MUST be attached to this rep	oort at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI. --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.